State of New Jersey Payment Voucher DOCUMENT NUMBER BATCH TC AGY Number TC AGY Number 067 067 (Vendor Invoice) PP Start Date Sched Pay Date Chk Cat (A) Vendor I.D. No. PO# Agency Ref. Buyer Contract No. Total Amount (D) Payee Name & Address Send Completed Form To: Payee Declarations I certify that the within payment voucher is correct in all its particulars, that the described goods or services Payee Signature have been furnished or rendered and that no bonus has been given or received on account of said document. Billing Date Payee Title Reference (G) Payee Reference CD Line Agy Number Org Code Sub Org Low Level Appr Object | Rev Srce | Sub-Rev Job Number Fund Activity Rpt Ct BS Act Dt Description Quantity **Amount** Ιd Ρf Tx Amount Item No. Description of item(s) Quantity Unit Unit Price Total Amount Certification by Approval Officer: I certify that this payment voucher is Certification by Receiving Agency: I certify that the above articles have been received or services rendered as stated herein. correct and just, and payment is approved. Signature Signature Title Date Title Date